

Assisted Living Programs:

REGULATIONS AND QI APPROACHES BY STATE, DEFINING “SMALL”, & REIMBURSEMENT



Assisted Living Programs in the United States

- ▶ Approximately 28,900 Assisted Living Programs with nearly 1 million licensed beds in the United States with the average size of 35 beds per Program
- ▶ Assisted Living Programs recognized as one of the fastest growing components of long-term care industry.
- ▶ Concerns regarding the quality of Assisted Living Programs by State and Nationally.
- ▶ Difficult to estimate what portion of Assisted Living Programs is paid by the Medicaid Waiver program
 - ▶ Roughly 25% of residents in Assisted Living Programs across the U.S. supported by HCBS Medicaid Waivers

Shippee, T.P., Akosionu, O., Brasure, M., et al. (2019) Literature Review and Environmental Scan: Identifying Quality Measures in Assisted Living. University of Minnesota, School of Public Health. https://mn.gov/dhs/assets/UMN-assisted-living-quality-report_tcm1053-393870.pdf

Maryland State Plan on Aging 2022-2025



- Number of older Marylanders is increasing
 - In 2020, 22.62% were 60 or over
 - **Expected to increase to 26.57% by 2040**
- Individuals 85 and over are the fastest growing segment of the population
 - **Expected to increase 158% between 2020 and 2045**
- Geographic distribution of seniors will shift over the next 30 years
 - In 2020, 62.8% of Marylander's older adults reside in Baltimore City and Anne Arundel, Baltimore, Montgomery, and Prince George's counties
 - **In 2035, the largest percentage of increases in older adults will be in Carroll, Cecil, Charles, Frederick, Howard, and St. Mary's counties**
- Greatest number of the State's low-income minority older adults live in **Baltimore City** followed by Prince George's and Montgomery counties
- Many low-income adults live in rural areas, including Allegany, Caroline, Dorchester, Garrett, and Somerset counties

Defining “Small” Assisted Living Programs

No universal name or definition for a “small Assisted Living Program” across the U.S.

NIH defines small as 20 or fewer residents.



State by State Comparisons

- ▶ Maryland
- ▶ Minnesota
- ▶ North Carolina
- ▶ New Jersey
- ▶ Ohio
- ▶ Oregon
- ▶ Washington
- ▶ Wisconsin

State Differences in Assisted Living Definitions

- ▶ **Maryland:** Small Assisted Living Programs (<10 beds)
- ▶ **Minnesota:** Assisted Living Facility (w/Dementia): (10 beds or less)
- ▶ **North Carolina:** Small Assisted Living Program (2-6 beds); Large (7+ beds)
- ▶ **New Jersey:** No min or max sizes for Assisted Living Residences (Purpose built residences), Comprehensive Personal Care Homes (Converted residential Boarding Homes), or Assisted Living Programs (Tenants of publicly subsidized housing)
- ▶ **Ohio:** Adult Family Homes (3-5 beds); Adult Group Homes (6-16 beds); Residential Care Facilities-Assisted Living (17+ beds)
- ▶ **Oregon:** Residential Care Facilities; Assisted Living Facilities (1-151+ beds); Do not define “small”
- ▶ **Washington:** Adult Family Homes (2-6 beds); Assisted Living Facilities (2+ beds); Do not define “small”
- ▶ **Wisconsin:** Community Based Residential Facilities (5-257 beds); Adult Family Homes (1-4 beds); Do not define “small”



MARYLAND
Health Care
Commission

Quality Improvement for Assisted Living



Assisted Living Programs-Quality Assessment

- ▶ **Essential measures of Assisted Living Program Quality**

- ▶ Quality of Life
- ▶ Resident Satisfaction

- ▶ **Domains to evaluate Quality in Assisted Living Programs**

1. Resident Quality of Life
2. Resident/Family Satisfaction
3. Staffing and staff-related Outcomes
4. Resident Safety
5. Resident Health Outcomes
6. Care Services and Integration
7. Physical and Social Environment
8. Service Availability
9. Core Values and Philosophy



Centers for Excellence in Assisted Living Report (2019)

- Highlights the continued need for more implementation of evidence-based practices and improved quality in Assisted Living Programs as there are significant differences in regulations, policies, and implementation practices of quality programs across the United States.

Quality Programs by State



State Assisted Living Quality Programs

- ▶ **Maryland:** Center for Quality Measurement and Reporting, Maryland Health Care Commission; Oversight Committee on Quality Care in Nursing Homes and Assisted Living Facilities
- ▶ **Minnesota:** Resident Quality of Care and Outcomes Task Force. New rules in 2021 creating person centered planning and service delivery and optimal quality of life required for licensure.
- ▶ **North Carolina:** North Carolina Star Rating program -a public reporting STARS program for small (2-6 beds) and large (7+ beds).
- ▶ **New Jersey:** The Health Care Association of New Jersey Foundation's (HCANJF) Advanced Standing program.

Quality Programs by State



State Assisted Living Quality Programs

- ▶ **Ohio:** Ohio's residential care facility (RCF) resident satisfaction survey and AL Report Card overseen by an AL Council to “establish a uniform system for AL communities to report the quality metrics”
- ▶ **Oregon:** Oregon's law requires mandatory participation of ALFs in their Residential Care Quality Measurement Program (RCQMP)
- ▶ **Washington:** Washington State Department of Social and Health Services (DSHS) facilitates a work group process to recommend quality metrics for AL programs.
- ▶ **Wisconsin:** Wisconsin Coalition for Collaborative Excellence in Assisted Living (WCCEAL) with Scorecard and resident/family satisfaction survey.



Practice Gaps in Assisted Living-WCCEAL Example

- ▶ QI Implementation is largely missing from regulation and quality programs.
- ▶ Wisconsin Coalition for Collaborative Excellence in Assisted Living (WCCEAL)
 - Participating AL Communities assess their quality improvement structure, processes, and outcomes (eg, falls, hospitalizations, infections, and challenging resident behaviors) by regularly self-reporting data at the AL Community level (eg, quarterly) and administering surveys (eg, annual resident satisfaction).
 - Dashboard: AL Communities then review feedback reports that are generated based on comparison groups they specify and aggregating data from all participating AL Communities.
 - This information then guides the targeted support that each AL Community's sponsoring organization provides to strengthen its quality improvement efforts.



Evaluating Quality in Assisted Living in Maryland

HOW IS "QUALITY" DEFINED FOR MARYLAND ASSISTED LIVING PROGRAMS?

Ideal Practice- Assisted Living Program Quality Improvement Program

There is a growing recognition that resident- and family-reported feedback are important quality outcomes for assisted living facilities. Residents should be asked about their own quality of life and family members may also play an important role as a key source of information about quality in small ALPs. It is a best practice to get timely feedback from residents and families to ensure that residents are receiving safe, timely, equitable, efficient, and patient centered care.



Mandatory quality of life and facility satisfaction survey ("Survey")



Scorecard based on OHCQ Surveys and responses to the Survey



Health Care Quality Account Grant Program

- ▶ Support activities that improve the quality of life of individuals who reside in nursing homes and assisted living programs
- ▶ Three non-lapsing special funds:
 - ▶ Federal nursing home account
 - ▶ State nursing home account
 - ▶ **State assisted living account**

Assisted Living State CMP State Account:
Funds collected from assisted living
providers as a result of civil money
penalties imposed by the Office of Health
Care Quality (OHCQ)



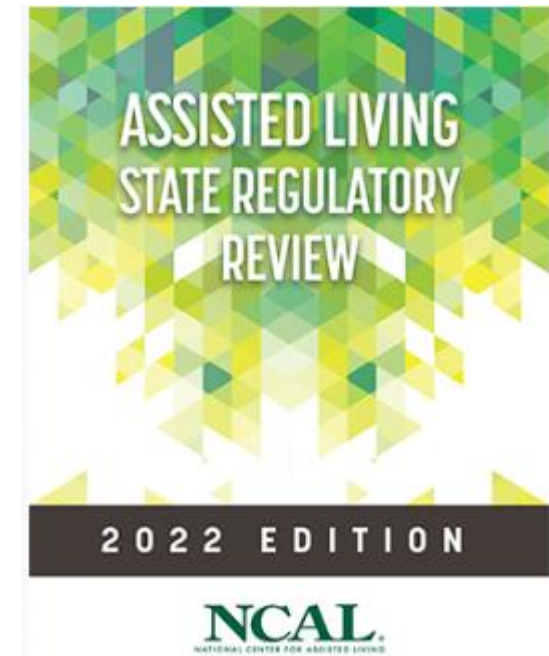
Regulatory Differences between “Large” and “Small” Assisted Living Programs



Assisted Living State Regulatory Review-2022

- ▶ Summarizes key selected state requirements for assisted living licensure or certification
- ▶ The report also found the following:
 - ▶ Forty-six states and the District of Columbia (92%) require a **consumer disclosure, agreement, and/or bill of rights for residents**.
 - ▶ All 50 states and the District of Columbia require a form of **resident assessment** and, at minimum, provide activities of daily living for residents.
 - ▶ Forty-nine states and the District of Columbia (98%) have provisions around, and allow, providing **medication management** to residents.
 - ▶ Forty-five states and the District of Columbia (90%) have **minimum educational and/or training requirements** for assisted living administrators/directors.
 - ▶ https://www.ahcancal.org/Assisted-Living/Policy/Documents/2022_reg_review.pdf

Nearly two-thirds of states updated assisted living requirements





Assisted Living Payment and Reimbursement



Private Pay Used for most Assisted Living

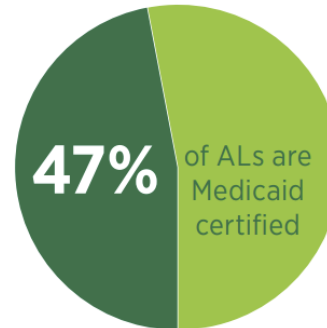
Paying for Care

\$54,000
per year

Average Yearly Cost

This is **less** than the average cost for homemaker services (\$59,488) or a home health aide (\$61,776).

The majority of assisted living residents use some form of private funds to pay for care.



Medicaid

A little more than **19% of residents rely on Medicaid** to pay for daily services. Medicaid does not pay for room and board costs. Each state varies on whether it covers assisted living services.



Medicare

Medicare does not cover assisted living services, but most residents are beneficiaries, making Medicare issues (hospitalizations, medications, therapy services, etc.) important to assisted living providers.

https://www.ahcancal.org/Advocacy/IssueBriefs/NCAL_Factsheet_2022.pdf

Other Options to Pay for Assisted Living



- ▶ Private Pay
- ▶ HCBS Waivers
- ▶ Senior Assisted Living Group Home Subsidy Program
- ▶ Assisted Living Family Loans-Bridge Loans, Reverse Mortgages
- ▶ VA Benefits for Assisted Living Program support
- ▶ Long Term Care Insurance
- ▶ Life Insurance Policies for Long-Term Care
- ▶ Annuities
- ▶ Trusts



Senior Assisted Living Group Home Subsidy Program

- ▶ MD Dept of Aging runs the **Senior Assisted Living Subsidy Program**
- ▶ Provides access to assisted living facilities that are licensed by the Department of Health.
- ▶ Must apply for financial assistance to the local area agency on aging for a subsidy and meet the eligibility requirements

<https://aging.maryland.gov/Pages/senior-assisted-living-subsidy-program.aspx>

Medicaid Across the U.S.

- ▶ States can use several different Medicaid authorities to cover such services in assisted living:
 - ▶ Medicaid state plan authorities
 - ▶ § 1915(c) Home and community-based services (HCBS) waiver
 - ▶ Concurrent § 1915(b) managed care waiver
 - ▶ § 1115 research or demonstration programs
- ▶ A small minority of state Medicaid programs do not cover services in assisted living

Home and Community- Based Services Waiver

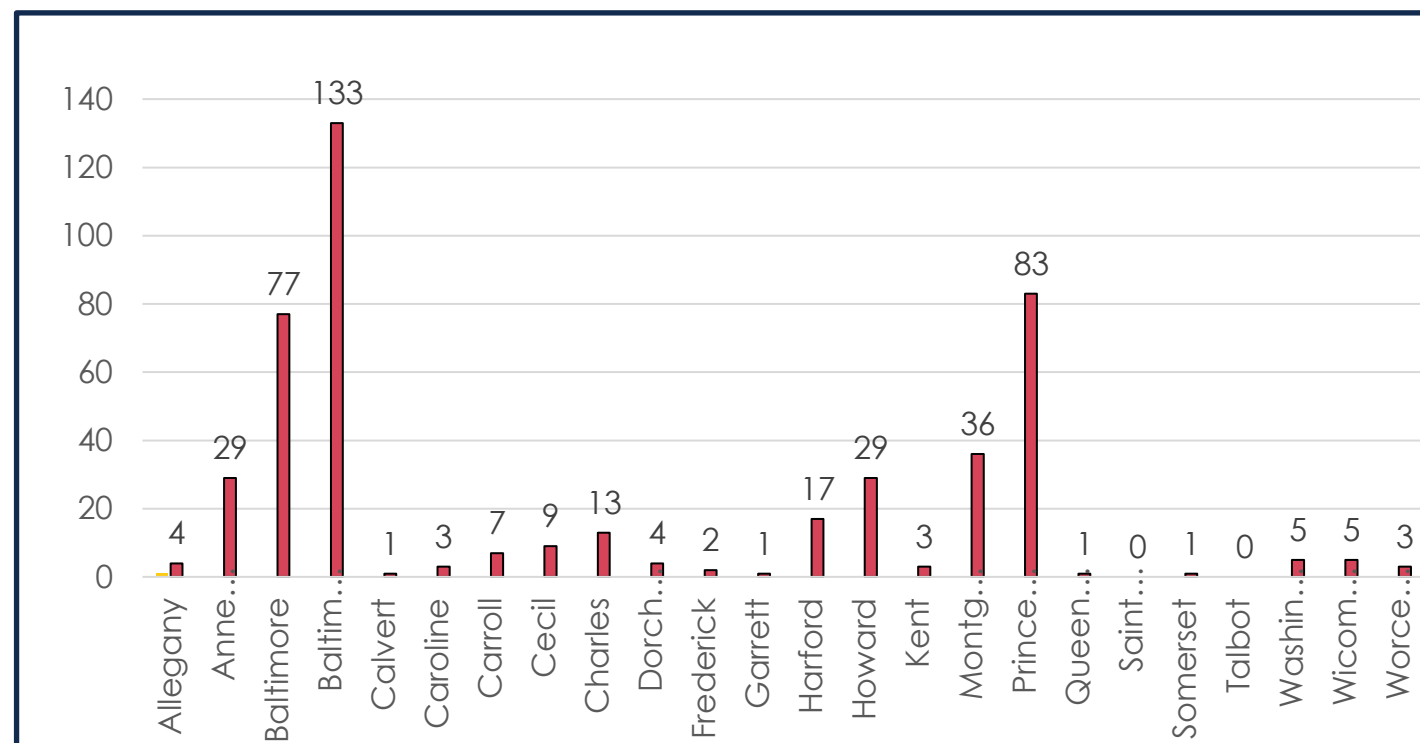
- ▶ Medicaid Home and Community-Based Services (HCBS) waiver program is authorized in §1915(c) of the Social Security Act
 - ▶ Permits a state to furnish an array of home and community-based services that assist Medicaid beneficiaries to live in the community and avoid institutionalization

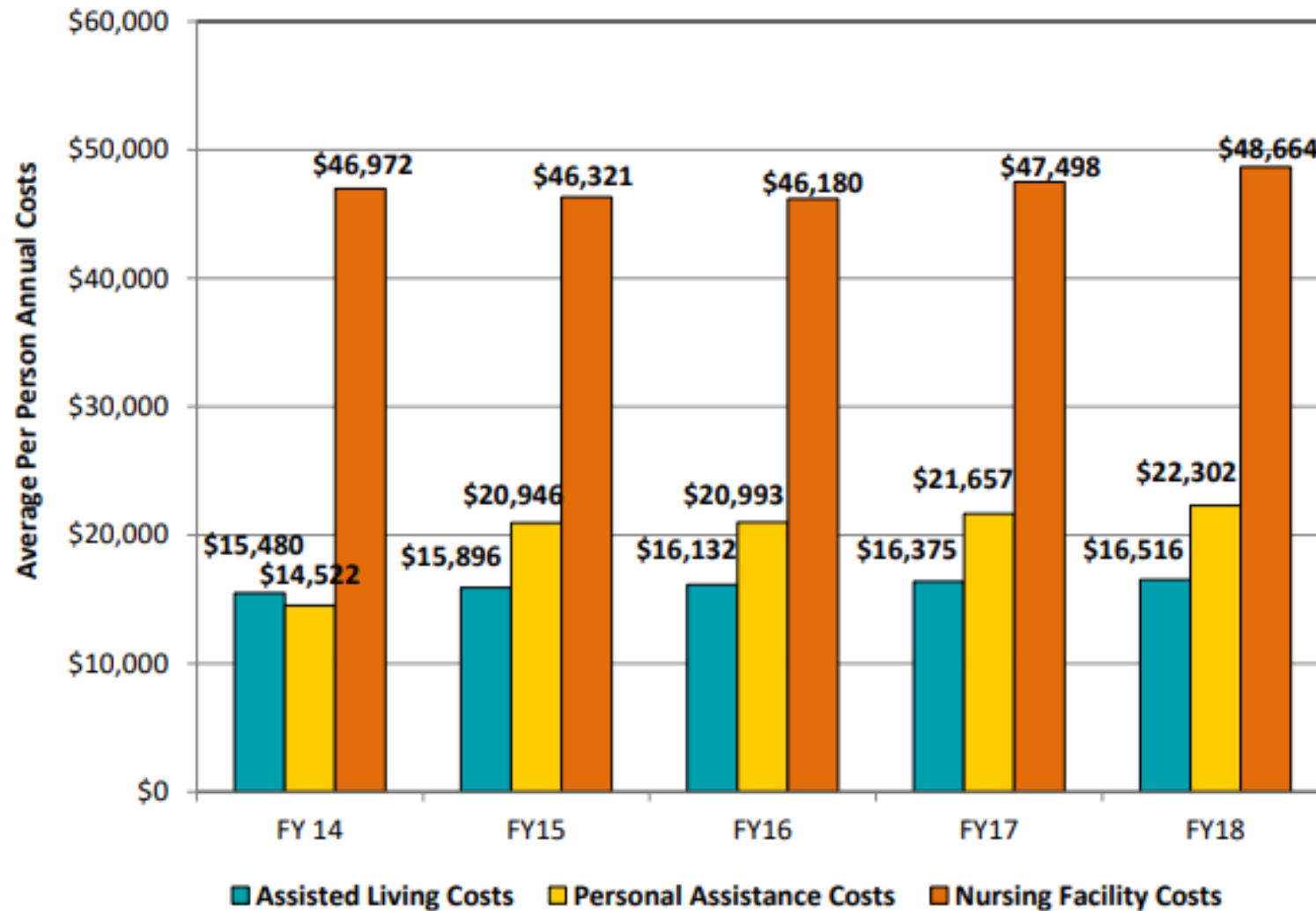
Assisted Living Programs in the Waiver

► October 2021 - 466 AL programs (28%) participate in the waiver

► Jurisdictions with largest number of facilities in the waiver:

- Baltimore City - 133
- Prince George's - 83
- Baltimore - 77
- Montgomery - 36





Comparison of Average Annual Cost Per Person



Assisted Living Workforce

Assisted Living Workforce – 2022

▶ ***“Assisted living providers- in fact, all long- term care providers-are experiencing an unparalleled workforce crisis right now”***

▶ - NCAL Chair Gerald Hamilton

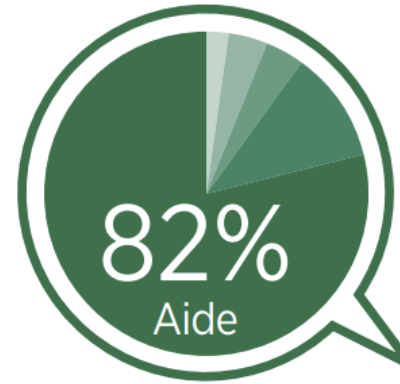


Assisted Living Workforce

Workforce



423,408 total employees



Nursing Staff Breakdown

82%

Aide

11%

LVN/LPN

7%

RN

95% OF COMMUNITIES HAVE A LICENSED NURSE AVAILABLE 24-7

https://www.ahcancal.org/Advocacy/IssueBriefs/NCAL_Factsheet_2022.pdf

Long Term Care **WORKFORCE**

The long term care sector is facing a 15-year labor low, losing more than 400,000 jobs since the start of the pandemic. Nearly every nursing home and assisted living community in the United States is facing a workforce crisis. It's time that policymakers prioritize our caregivers with the resources and support they deserve.

Who We Are

At a Glance

- The long term care sector currently employs **2.9 million workers**.
- Long term care employers will need to fill **7.4 million job openings in direct care from 2019 to 2029**, including 1.3 million new jobs to meet rising demand, and another 6.1 million job openings to replace workers who leave the labor force or transfer to new occupations.

Race/Ethnicity

61%

of direct care workers
are people of color

32% are Black/African American

19% are Hispanic/Latino (of any race)

7% are Asian or Pacific-Islander

3% identify as other races or ethnicities

1 in 4

The direct care workforce relies
heavily on immigrant workers.

Approximately 1 in 4 direct care workers
were born outside the United States.

AHCA
AMERICAN HEALTH CARE ASSOCIATION

NCAL
NATIONAL CENTER FOR ASSISTED LIVING



Age

41

The median age of **direct careworkers** is 41, but the age distribution of the workforce varies considerably.

37

The median age is 37 for **nursing assistants** in nursing homes and 36 for **residential care aides**. 1 in 5 of these workers are **24 years old or younger**.

55

Only 16% of **nursing assistants** and 18% of **residential care aides** are aged 55 and above.

Gender

87%

of the direct care workforce are women

53%

are women of color

91%

of nursing assistants in nursing homes are women

Parental Status



31% of **direct care workers** in nursing homes have
children under the age of 18

24% have children under the age of 5

15% have children aged 5-17

Discussion Questions

1. What do you see as the key differences in small (<10 bed) Assisted Living Programs and large Programs in Maryland?
2. How do you define “quality” for Assisted Living Programs?
3. From your perspective what are the top three issues or barriers facing small Assisted Living Facilities today to provide high quality care and communities for residents?
4. How open do you believe residents and families will be to participating in a Quality-of-Life survey?
5. From your perspective how can Maryland improve care, outcomes, costs and quality for Assisted Living Programs in the state?